MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

10436

Reg. Dist. No. 350

1. PLACE OF DEATH

County Worcester

City or town Pocomoke city

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 41 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Pocomoke city

(If outside city or town limits, write RURAL and give nearest town)

Street No. Market

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Susan Frances Baylis

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	married

6.(b) Name of husband or wife John Baylis

6.(c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) November 22, 1867

8. AGE:

Years	Months	Days	If less than one day
78	10	15	....hrs. ....min.

9. Birthplace Wellbourne, Worcester, Md

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name James Trader

13. Birthplace Maryland

MOTHER

14. Maiden name Martha Collins

15. Birthplace Maryland

16. Informant John Baylis

Address Pocomoke city, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 10, 1946 (month) (day) (year)

Cemetery or crematory Remson M. E.

Location Pocomoke city, Md Rural

18. Funeral director Margarette H. Watson

Address Pocomoke city, Md.

19. Oct 10 1946 (Date rec'd by registrar) Anne E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 7 1946, at 8:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 4 1946, to Oct 7 1946, and that I last saw h.. alive on Oct 7 1946.

Immediate cause of death Coma Uraemia

DURATION 3 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. E. Quiteper M. D. or other

Address Date signed 10-9-46

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (D)

10437

CERTIFICATE OF DEATH

Reg. Diat. No. 355

1. PLACE OF DEATH:
County: Worcester
City or town: Rural - Berlin, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 weeks
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Berlin, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Margaret Ann Bradford,

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: James Bradford
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): June 4, 1861

8. AGE: Years	Months	Days	If less than one day
85	4	1	..... hrs. ..... min.

9. Birthplace: Newark, Wor. Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: —

FATHER
12. Name: John Townsend
13. Birthplace: Md.

MOTHER
14. Maiden name: Fannie Smack
15. Birthplace: Md.

16. Informant: Archie Bradford
Address: Whaleysville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 8 1946 (month) (day) (year)
Cemetery or crematory: Evergreen Cemetery
Location: Berlin, Md.

18. Funeral director: Anna A Burbage
Address: Berlin, Md.

19. 10-8 1946 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/5/46 19..... at 12 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8-1 1946 to 10-5 1946 and that I last saw her alive on 10-1 1946

Immediate cause of death	DURATION
Chronic Myocarditis	
Due to Hypertension	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: None. Date of op.
Autopsy results: None.
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: None Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury None Injured at work?

23. SIGNATURE: Clifford E. Schott M. D. or other
Address: Berlin Md. Date signed 10/6/46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94)

CERTIFICATE OF DEATH

10438

Reg. Dist. No. 350

1. PLACE OF DEATH: Worcester
County
City or town Pocomoke
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 hrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Virginia County Accomac
City or town Grumbocoville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Harry Norman Collins Jr.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Lillian Collins
6.(c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) March 21-1906

8. AGE: Years	Months	Days	If less than one day
40	7	10	hrs. min.

9. Birthplace Grumbocoville Accomac Va
(Town, county, and state)
10. Usual occupation oyster planter and packer
11. Industry or business
MOTHER 12. Name Harry N. Collins Sr
FATHER 13. Birthplace Virginia
MOTHER 14. Maiden name Carrie Tull
15. Birthplace Virginia
16. Informant Harry N. Collins Sr
Address Grumbocoville Virginia
17. Burial (Burial, cremation, or removal. Which?) Date thereof November 3 1946 (month) (day) (year)
Cemetery or crematory M. P. Cemetery
Location Grumbocoville Virginia
18. Funeral director Henry A. Dodson
Address Pocomoke City Md.
19. Nov 2 1946 Anne E. Tull
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 31 1946, at 9 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19, to 19
and that I last saw h alive on 19

Immediate cause of death	DURATION
Coronary Thrombosis	Instantly
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury injured at work?

23. SIGNATURE John L. Riley Dep. Med Exam M. D. or other
Address Snow Hill Md Date signed 11/1/46

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10439

Reg. Dist. No. 353

1. PLACE OF DEATH:
County Worcester
City or town Berlin
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? about 6 years
Hospital, institution, or street address where death occurred:
Railroad Ave, Berlin, Md
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Berlin
(If outside city or town limits, write RURAL and give nearest town)
Street No. Railroad Ave
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Lucinda Daniels

3.(b) Social Security Number 231-05-9393

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	a a	widow

6.(b) Name of husband or wife William D. Daniels deceased. B.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 54 yrs. (2-18-1892)

8. AGE: Years 54 Months 8 Days 5 If less than one day ..... hrs. ..... min.

9. Birthplace Hyde Co., North Carolina (Town, county, and state)

10. Usual occupation General Housework

11. Industry or business Same

FATHER 12. Name Don't know

13. Birthplace " "

MOTHER 14. Maiden name Cora Gibbs

15. Birthplace Hyde Co. North Carolina

16. Informant Mrs. Mary A. Gray

Address Berlin, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-27-46 (month) (day) (year)

Cemetery or crematory Evergreens

Location Berlin, Maryland

18. Funeral director James F. Stewart

Address 402 E. Church St. Salisbury Md.

19. 10-27- 1946 Helen F. Hayward Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 23 1946, at 1:00 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15 1946 to October 22 1946 and that I last saw her alive on October 22 1946

Immediate cause of death Arterio sclerotic Heart disease — DURATION

Due to

Due to

Other conditions Nephritis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. Purnell M.D. M. D. or other

Address 800 E. Main St. Berlin Md. Date signed 10/25/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21-P)

10440

CERTIFICATE OF DEATH

Reg. Diat. No. 350

1. PLACE OF DEATH:
County: Worcester
City or town: Pocomoke City Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 50 years
Hospital, institution, or street address where death occurred: —
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Pocomoke City
(If outside city or town limits, write RURAL and give nearest town)
Street No. 600 Cedar Street
(If rural, give LOCATION)
2.(a) If veteran, name war —

3.(a) FULL NAME: Vela Virginia Hope

3.(b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: William H. Hope
6.(c) If alive, give age: 73 years

7. Birth date of deceased (mo., day, yr.): January 23-1874

8. AGE:

Years	Months	Days	If less than one day
72	8	10	...hrs. ...min.

9. Birthplace: Wagram Accomac Virginia (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: —

FATHER
12. Name: William Tull
13. Birthplace: Unknown

MOTHER
14. Maiden name: Catherine Savage
15. Birthplace: Unknown

16. Informant: William H. Hope
Address: Pocomoke City Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 5-1946 (month) (day) (year)
Cemetery or crematory: Nelson Cemetery
Location: Rural Pocomoke Md.

18. Funeral director: Henry H. Watson
Address: Pocomoke City Md.

19. Oct. 5, 1946 (Date rec'd by registrar) Anne E. Miele Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 3 1946, at 7:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1938, to Oct 3 1946
and that I last saw h.. alive on Oct 3 1946

Immediate cause of death	DURATION
Chronic Nephritis	8 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: —
Date of op. —
Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE: L. E. Gilchrist M. D. or other
Address: — Date signed: 10-4-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

CERTIFICATE OF DEATH

★ 10441

Reg. Dist. No. 355

1. PLACE OF DEATH:
County: Worcester
City or town: Rural - Berlin Md R.F.D. 3#
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 years
Hospital, institution, or street address where death occurred: R.F.D. 3#
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Rural - Berlin
(If outside city or town limits, write RURAL and give nearest town)
Street No.: R.F.D. 3#
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Laura May Jarvis

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Thomas Jarvis
B.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Aug 29, 1887

8. AGE: Years	Months	Days	If less than one day
59	2	1	..... hrs. ..... min.

9. Birthplace: Berlin, Wor. Md.
(Town, county, and state)
10. Usual occupation: House wife
11. Industry or business
FATHER 12. Name: Major Hastings
13. Birthplace: Md.
MOTHER 14. Maiden name: Kate Gray
15. Birthplace: Md.
16. Informant: Alice May Wainwright
Address: Berlin Md. R.F.D. 3#
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 23, 1946 (month) (day) (year)
Cemetery or crematory: Sinepuxent Cemetery
Location: Berlin, R.F.D.
18. Funeral director: Anna A. Burbage
Address: Berlin, Md.
19. 10-23 1946 Helen F. Hayward Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 21, 1946, at 9 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1, 1946, to Oct 21, 1946, and that I last saw h[illegible] alive on Oct 19, 1946

Immediate cause of death	DURATION
Peritonitis	2 wks
Due to Operation for Diverticulitis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Clifford E. Schott M. D. or other
Address: Berlin Md. Date signed: 10-29-46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186-a)

CERTIFICATE OF DEATH

10442

Reg. Dist. No. 354

1. PLACE OF DEATH:

County Worcester

City or town Stockton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Stockton
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Wm. Jones

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	col.	

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years	Months	Days	If less than one day
about 80			hrs. min.

9. Birthplace Stockton, Md.
(Town, county, and state)

10. Usual occupation General Labor

11. Industry or business

FATHER
12. Name George Ginn
13. Birthplace Maryland

MOTHER
14. Maiden name Gaddie (inknown)
15. Birthplace Maryland

16. Informant Irvine Bennett
Address Stockton,

17. burial (Burial, cremation, or removal. Which?) Date thereof Oct. 24, 1946 (month) (day) (year)

Cemetery or crematory James H. Lorman Cemetery

Location Stockton, Maryland

18. Funeral director Irvine Bennett
Address Stockton, Md.

19. Oct. 24, 1946 (Date rec'd by registrar) Mary M. Taylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 21, 1946, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..., 19..., to ..., 19...
and that I last saw h... alive on ..., 19...

	DURATION
Immediate cause of death Fractured spine and Fractured leg	1day
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should he charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of Oct. 20, 46

Where did injury occur? Stockton, (City or town) Worcester (County) Md. (State)

Injured at home, farm, industry, public place (where?) at Geo. Tarrs barn

Means of injury fell down loft Injured at work? yes

23. SIGNATURE John L. Riley Dy. S. Med Exam M. D. or other

Address Snow Hill, Md. Date signed 10/21/46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

10443

Reg. Dist. No. 355

1. PLACE OF DEATH:
County: Worcester
City or town: Berlin
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 72 yrs.
Hospital, Institution, or street address where death occurred: Bay Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Berlin
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Bay Street
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Lula Virginia Lank

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: George E. Lank
6.(c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): Mar. 29, 1885

8. AGE: Years	Months	Days	If less than one day
61	6	12	hrs. min.

9. Birthplace: Va. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: Marshall
13. Birthplace: Va.

MOTHER
14. Maiden name: Virginia Joines
15. Birthplace: Va.

16. Informant: George E. Lank
Address: Berlin, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 10, 1946 (month) (day) (year)
Cemetery or crematory: Evergreen Cemetery
Location: Berlin Md.
18. Funeral director: Anna A. Burbage
Address: Berlin, Md.

19. 10-10- 1946 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 7 1946, at 1:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 4 1946, to Oct 7 1946
and that I last saw her alive on Oct 7 1946

Immediate cause of death	DURATION
(1) Coronary Occlusion	4 Days
(2) Hypertension Cardio-renal disease	3 mos.
Due to: (a) Coronary Sclerosis	?
Due to: Arteriosclerosis & Hypertension	2 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Nathaniel R. Thomas M.D. M. D. or other
Address: Ocean City, Md. Date signed: 8 Oct 46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

10434

10444

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (330)

CERTIFICATE OF DEATH

Reg. Dist. No. 353

1. PLACE OF DEATH:
County Worcester
City or town Bishop, Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Bishop Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Lizzie Murray

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	married

6.(b) Name of husband or wife Harry Murray
6.(c) If alive, give age 67 years
7. Birth date of deceased (mo., day, yr.) Oct. 19, 188[illegible]

8. AGE: Years	Months	Days	If less than one day
64 yrs	11	17	hrs. min.

9. Birthplace Dagsboro, Del. (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Sydney Hudson
13. Birthplace Del.
MOTHER 14. Maiden name ~~Harry~~ Martha Bunting
15. Birthplace Del.
16. Informant Harry Murray
Address Bishop, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-8-46 (month) (day) (year)
Cemetery or crematory Red Men's Cemetery
Location Selbyville, Del.
18. Funeral director Henry S. Watson
Address Pocomoke City, Md.
19. Oct 7 1946 Mostyn Berry Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 6 1946, at 7 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

	DURATION
Immediate cause of death Cerebral Embolus	
	3 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. J. Hume M. D. or other
Address Selbyville, Del. Date signed 10/7/46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1445

Reg. Dist. No. 3550

1. PLACE OF DEATH:
County: Worcester
City or town: Berlin Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred: no
How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Worcester
City or town: Berlin
(If outside city or town limits, write RURAL and give nearest town)
Street No.: no
(If rural, give LOCATION)
2.(a) If veteran, name war: no

3.(a) FULL NAME: Gordon Pitts

3.(b) Social Security Number: 717-07-9683

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	a.a	Married

6.(b) Name of husband or wife: Laura E Pitts
6.(c) If alive, give age: Dont no years: Yes

7. Birth date of deceased (mo., day, yr.): Jan 17, 1865

8. AGE: Years: 61 Months: — Days: — If less than one day: hrs. min.

9. Birthplace: Berlin Md (Town, county, and state)
10. Usual occupation: Railroad Worker of Pa.
11. Industry or business: Same as above

FATHER
12. Name: William Pitts
13. Birthplace: Berlin Md

MOTHER
14. Maiden name: Emeline Robbins
15. Birthplace: Berlin Md

16. Informant: Mrs Laura Pitts
Address: Berlin md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 2 - 1946 (month) (day) (year)
Cemetery or crematory: Evergreen
Location: Berlin Md
18. Funeral director: James H Stewart
Address: Salisbury Md

19. 11-2 1946 (Date rec'd by registrar) Helen L. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 10-29 1946, at 4:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-1- 1946 to 10-29 1946 and that I last saw h. alive on 10-29 1946

Immediate cause of death	DURATION
Chronic Myocarditis	6 mo
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Clifford E Schott M. D. ~~coroner~~
Address: Berlin Md Date signed:

VS A15 9-45-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10446 Reg. Dist. No. 351

1. PLACE OF DEATH:
County Worcester
City or town Girdletree
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 50 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Girdletree
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war World War I

3. (a) FULL NAME William B. Pruitt

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Mabel Pruitt
6.(c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) March 13 - 1896

8. AGE: Years	Months	Days	If less than one day
50	7	4	hrs. min.

9. Birthplace Girdletree, Worcester, Md (Town, county, and state)
10. Usual occupation Waterman
11. Industry or business Sinepuxent Bay

FATHER
12. Name Charles Pruitt
13. Birthplace Maryland

MOTHER
14. Maiden name Laura Ward
15. Birthplace Maryland

16. Informant Mrs. Mabel Pruitt
Address Girdletree, Md

17. Burial Date thereof Oct. 20/46
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Baptist
Location Girdletree, Md

18. Funeral director Elias E. Timmis
Address Snow Hill, Md.

19. 10/19/46 R. Ray Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 17 19 46, at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 14 Aug 19 46, to 17 Oct 19 46, and that I last saw h.. alive on 17 Oct 19 46.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	5 yrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Herman A. Tabler M.D.
M. D. or other
Address Snow Hill, Md Date signed 18 Oct 46

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)

CERTIFICATE OF DEATH

★10447

Reg. Diat. No. 351

1. PLACE OF DEATH:
County: Worcester
City or town: Snow Hill (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 91 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

WITHIN CORPORATE LIMITS OF

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Snow Hill (If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war: No

3.(a) FULL NAME: Millard F. Pusey

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Mary E. Pusey
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 21 - 1855

8. AGE: Years: 91 Months: 4 Days: 1 If less than one day: hrs. min.

9. Birthplace: Snow Hill Worcester, Md (Town, county, and state)

10. Usual occupation: None

11. Industry or business:

FATHER
12. Name: Levin P. Pusey
13. Birthplace: Maryland

MOTHER
14. Maiden name: Susan Pope
15. Birthplace: Maryland

16. Informant: Mrs. Lucy M. Pusey
Address: Snow Hill, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 24/46 (month) (day) (year)
Cemetery or crematory: Bates Methodist
Location: Snow Hill, Md

18. Funeral director: Elay E. Timmis
Address: Snow Hill, Md

19. 10/24/1946 (Date rec'd by registrar) Registrar: Elay Timmis

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 22 1946, at 2.25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10/9/46 to 10/22/46
and that I last saw h.. alive on 10/22/46

Immediate cause of death	DURATION
Arterio-sclerotic Cardio-renal Disease	unknown
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Paul Owen M.D. M. D. or other
Address: Snow Hill Md Date signed: 10/23/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 77

CERTIFICATE OF DEATH

10448

Reg. Dist. No. 9550

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Worcester
City or town: Rural - Berlin
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 weeks.
Hospital, Institution, or street address where death occurred: Berlin, R.F.D.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Rural - Berlin
(If outside city or town limits, write RURAL and give nearest town)
Street No. R.F.D.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Thomas A. Richardson

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Georgie Richardson
6.(c) If alive, give age: 47 years

7. Birth date of deceased (mo., day, yr.): Feb. 12, 1894

8. AGE: Years	Months	Days	If less than one day
52	8	14	hrs. min.

9. Birthplace: Berlin, Wor. Md. (Town, county, and state)
10. Usual occupation: Lumber Mill Labor
11. Industry or business

FATHER
12. Name: Andrew Richardson
13. Birthplace: Berlin, Md.

MOTHER
14. Maiden name: Elanor Powell
15. Birthplace: Berlin, Md.

18. Informant: Georgie Richardson
Address: 7926 Arlington Ave. Upper Darby, Pa.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 31, 1946 (month) (day) (year)
Cemetery or crematory: Evergreen Cemetery
Location: Berlin, Md.
18. Funeral director: Anna A. Burbage
Address: Berlin, Md.

19. 10-31-46 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 29, 1946, at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 29, 1946, to Oct. 29, 1946 and that I last saw h. alive on Oct. 29, 1946

Immediate cause of death	DURATION
acute alcoholism	7
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Clifford E. Sabatt M. D.
Address: Berlin Md. Date signed

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 351

11446

1. PLACE OF DEATH:
County Worcester
City or town Snow Hill (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 14 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town near Snow Hill (If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war No

3.(a) FULL NAME Ralph W. Mc Roberts

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13 - 1932

8. AGE: Years 14 | Months 3 | Days 18 | If less than one day hrs. min.

9. Birthplace Snow Hill Worcester Md (Town, county, and state)
10. Usual occupation School
11. Industry or business

FATHER
12. Name John S. Mc. Roberts
13. Birthplace Ohio

MOTHER
14. Maiden name Evelyn M. Jackson
15. Birthplace Maryland

16. Informant Mr John S. Mc. Roberts
Address Snow Hill, Md Rural #1
17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-3-46 (month) (day) (year)
Cemetery or crematory Bates Methodist
Location Snow Hill Md
18. Funeral director Elias E. Dennis
Address Snow Hill Md
19. 11/7 1946 (Date rec'd by registrar) L. Roy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 31 1946 at 7.30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 to 19
and that I last saw h alive on 19

Immediate cause of death	DURATION
Fractured Skull	Instant
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

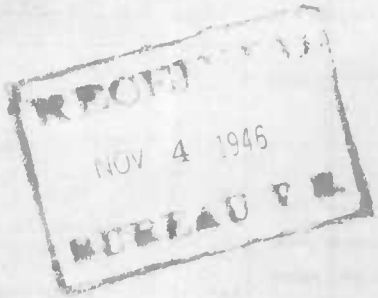
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of 10/31/46
Where did injury occur? Snow Hill Worcester Md (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Church St.
Means of injury Struck by auto Injured at work? No

23. SIGNATURE John L. Riley Dep. Med Exam M. D. or other
Address Snow Hill Md Date signed 11/1/46

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING


NOV 4 1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

10450

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County Worcester
City or town Pocomoke
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 month
Hospital, institution, or street address where death occurred: —
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Pocomoke City
(If outside city or town limits, write RURAL and give nearest town)
Street No. —
(If rural, give LOCATION)
2.(a) If veteran, name war —

3.(a) FULL NAME Mary Jane Taylor

3.(b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Widowed

6.(b) Name of husband or wife Unknown
6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE:

Years	Months	Days	If less than one day
100	—	—	— hrs. — min.

9. Birthplace Unknown (Town, county, and state)
10. Usual occupation —
11. Industry or business —

FATHER
12. Name Unknown
13. Birthplace —

MOTHER
14. Maiden name Unknown
15. Birthplace —

16. Informant Hattie Gillette
Address Pocomoke Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 15-1946 (month) (day) (year)
Cemetery or crematory Hall Hill Cemetery
Location Rural Pocomoke Md.
18. Funeral director Henry H. Watson
Address Pocomoke City Md.

19. Oct. 15, 1946 (Date rec'd by registrar) Anna E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 14 1946, at 10 9 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19... to ... 19...
and that I last saw h... alive on ... 19...

	DURATION
Immediate cause of death Burned to death	10 Min
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op. ...
Autopsy results ...
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of Oct 14 46
Where did injury occur? Her home Worcester Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Home
Means of injury Burned by fire Injured at work? No

23. SIGNATURE John L. Riley D.O. Md Examr
M. D. or other
Address Brown Heights Md Date signed 10/14/46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10451

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:
County Worcester
City or town Rural Pocomoke Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 45 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Rural Pocomoke Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war World war #1

3. (a) FULL NAME John H. Teagle

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Color	married

6.(b) Name of husband or wife Esther Teagle
6.(c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) December 12-1897

8. AGE: Years	Months	Days	If less than one day
48	10	7	hrs. min.

9. Birthplace Rural Pocomoke, Worcester Md.
(Town, county, and state)
10. Usual occupation Farming
11. Industry or business

FATHER
12. Name George Teagle
13. Birthplace Md.

MOTHER
14. Maiden name Mary Betty Showell
15. Birthplace Md.

16. Informant Horace Teagle
Address Rural Pocomoke Md.

17. Burial Date thereof Oct 22-1946
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Ward Town Cemetery
Location Rural Pocomoke Md.

18. Funeral director Tilney & Watson
Address Pocomoke City Md.

19. Oct 21 1946 Anne E. White
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 19 1946, at 5:20 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept 20 1946 to Oct 19 1946
and that I last saw h[illegible] alive on Oct 15 1946

	DURATION
Immediate cause of death Myocardial degeneration	2 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [illegible] M. D. or other
Address Date signed 10-21-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M